U.S. Department of Labor Office of Labor-Management And Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal procedution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

NG 25 2005	F	For Official Use Only
E MP Sorger		S Rock W
- No. 239/	E	MINSSTOR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1170 U 2. Fiscal Year Covered From:										
	Auggs of the second	J		A.		1/1/	2004 Through:	12 / 31	/ 2004	
3. Name and address of person filing.						4. Name, file number, and address of labor organization.				
Name	Thomas	E Fr	ohlich	**************************************	Name	Operative Pl	asterers & 0	Cement Maso	ns Local 867	
		d Samuel Arrer			Labor	Organization File Nu	ımber 0/2	学行		
P.O. Box, Bldg., Room No., if any Suite 10				P.O. Box, Building and Room Number, if any Suite 10						
Street	825 E. 8th Ave.	E. 8th Ave. Street 825 E. 8th Ave.								
City	Anchorage	~:~:			City	Anchorage				
State	Alaska		ZIP Code + 4	99501-3877	State	Alaska		ZIP Code + 4	99501-3877	
5. Position in labor organization. Business Manager										
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):										
A. Held moneta	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction							saction, or Income.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name	Name								A D PA demina New / Free	
Trade	Name, if any:				woodhilos roomssoottanid				este Providence de la companya de la	
P.O. E	ox, Bidg., Room No., if any	/					and the first consequences are also consequences and the first consequences are also consequences and the first consequences and the first consequences are also consequences are also consequences and the first consequences are also conseque	guaranta and a second s		
					7.b. Am	ount.				
Street			······································	,						
City						g noon				
State			ZIP Code + 4							
Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)										
Sign	ed Honey	7.	Jul	al	On	08/15/2005	907 272-5	113	14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
					•	Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Telephone Numb	per	
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Name of Person Filing Thomas Frohlich	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization	-						
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer							
Street City State ZIP Code + 4	keymenned							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name Trade Name, if any:		necessaries acques es de series						
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.	Territoria						
State ZIP Code + 4	12.a. Nature of interest held or income received.							
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Reimbursements for expenses incur:	red while						
Name Alaska Trowel Trades Trust	attending trustee educational con							
Trade Name, if any:		OCCUPATION AND AND AND AND AND AND AND AND AND AN						
P.O. Box, Bldg., Room No., if any P.O Box 93870		december (1998)						
Street City Anchorage		Nettingwegen and the second se						
State Alaska ZIP Code + 4 99509-3870								
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$5,281						